

From research to realization: How a Texas health plan implemented an academic model of care for Alzheimer's disease

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Abstract

MIND at Home is a comprehensive, home-based care coordination intervention for people with Alzheimer's disease or related dementias (A/D) who live in the community and for their family caregivers. Developed by researchers at Johns Hopkins University (JHU), the model has been shown to extend the time a person with A/D remains at home for almost two years, as well as improved quality of life and quality of care and reduced caregiver burden. The MIND at Home pilot at Superior HealthPlan is a collaboration between Centene Corporation, JHU, and Superior HealthPlan (Superior). The goal of the MIND at Home pilot is to adapt, implement, and evaluate the impact of MIND at Home within Superior's Medicaid population. The pilot is structured as an interventional study of the MIND at Home program versus a propensity score-matched (PSM) comparison group receiving standard-of-care. The duration of the pilot is approximately 12 months, with longitudinal follow-up at 18 and 24 months. The pilot population includes Superior HealthPlan Medicaid members (receiving Long-Term Services & Supports) who are community-residing and have a confirmed diagnosis of A/D. The study has enrolled approximately 300 participants who have received the intervention. An analysis of claims data for participants receiving the MIND at Home intervention indicates the program increased primary care utilization (+10.0%) while reducing emergency department (ED) utilization (-15.8%), polypharmacy (-5.0%), and total spend (-1.35%). Consumer survey results indicate high levels of satisfaction among both pilot participants and their family caregivers and case studies anecdotally illustrate the significant impacts the MIND at Home program has had on participant and caregiver quality of life. Preliminary outcomes of the pilot indicate the MIND at Home program reduces high cost healthcare utilization – particularly ED and polypharmacy – and overall participant costs. Additional outcomes illustrate participants are highly satisfied with the MIND at Home program and have experienced dramatic increases in quality of life. This pilot showcases the value of operationalizing this evidence-based academic care model for A/D in a Medicaid population and that collaboration across academic research, industry, and government-sponsored healthcare programs can result in improved outcomes for individuals with A/D.